WASHINGTON STATE DEPARTMENT OF ECOLOGY

WASHINGTON STATE DEPARTMENT OF ECOLOGY
ENVIRONMENTAL ASSESSMENT PROGRAM
LABORATORY ACCREDITATION SECTION

APPLICATION for ENVIRONMENTAL LABORATORY ACCREDITATION

Reference: Chapter 173-50 WAC

Section I -- General Information

1. Name of Lab _____

2. Lab Mailing Address _____
Number and street or PO Box

_____ _____ _____
City State ZIP

3. Lab Location [If different than mailing address] _____
Number and street, city, and state

4. Accreditation Point of Contact

_____ _____
Name Telephone

_____ _____
Position Fax number

_____
Email address

5. Type of Accreditation Requested

Check all that apply

	Type	Complete Sections
☐	Direct Accreditation for the below matrices:	3, 5, 6, and 7
☐	Non Potable Water	
☐	Drinking Water	
☐	Solid & Chemical Materials	
☐	Air & Emissions	
☐	Recognition of Third Party Accreditation	3, 5, 6, 7, and 8
☐	Recognition of Reciprocity Agreement	3,5, 6, 7, and 8
☐	Recognition of NELAP Accreditation	3, 5, 6, 7, and 8

If you require this document in an alternate format, please contact the Lab Accreditation Section at 360 895-6145 or TTY 711 or 1-800-833-6388.

SECTION 2 – Instructions

This application reflects the changes to Chapter 173-50 WAC which were effective November 1, 2002. The amended rule is available on the internet. The address is http://www.ecy.wa.gov/biblio/wac17350.html. The *Procedural Manual for the Environmental Laboratory Accreditation Program* is also available at http://www.ecy.wa.gov/biblio/0203055.html. Please complete Sections 1, 3, 5, 6, and 7. Complete Sections 8 if it pertains to this application.

Section 1	**General Information**
Section 2	**Instructions**
Section 3	**Proficiency Testing and Certification**
Section 4	**Submission Information**
Section 5	**Parameter Listing**
Section 6	**Fee Calculation**
Section 7	**Personnel and Equipment Data**
Section 8	**Third Party Accreditation or Reciprocity**

SECTION 3 – Proficiency Testing and Certification

Proficiency Testing (PT)

In the spaces below, list the PT studies the lab has done during the past 12 months. ***Include a copy of each evaluation report with this application.***

Date of Report	*Provider of PT Samples*	*Study Number*

Certificate of Applicant

I certify I have read Chapter 173-50 WAC as it pertains to accreditation of the laboratory identified in Section I of this application and am aware of no misrepresentations concerning that laboratory in this application.

Signature of applicant or designated representative	Position	Date

SECTION 4 – Submission Information

Send the following items to the address below

1. the completed application,
2. a check, money order, or purchase order payable to Washington State Department of Ecology,
3. a copy of each of the PT evaluation reports, and
4. a copy of the lab's Quality Assurance Manual.

Mailing Address:	**Shipping Address:**
Department of Ecology **Cashiering Section** **PO Box 5128** **Lacey, WA 98509-5128**	**Department of Ecology** **Cashiering Section** **300 Desmond Drive.** **Lacey, WA 98503**

For questions regarding the application, contact the Lab Accreditation Section, PO Box 488, Manchester, WA 98353

Telephone: (360) 895-6145 **FAX: (360) 895-6180** **E-mail**cosc461@ecy.wa.gov

SECTION 5 – Parameter Listing

Directions for Requesting Accreditation for Specific Parameters

The following instructions apply to each of the nine categories:
Chemistry I, Chemistry II, Organics I, Organics II, Radioactivity, Microbiology, Immunoassay, and Physical.

1. Check the column to the left of each analyte the lab wants to request.
2. Write the requested method(s) in the appropriate matrix column or columns. If the lab requests recognition of Third Party Accreditation/Certification for a parameter, enter an asterisk **(*)** in the **"Fee X/*"** column.
3. If two or more different methods for the same analyte are requested in a single matrix, put two or more "Xs" or "*s" in the "*Fee X/**" column.
4. **SW-846 methods MUST BE requested under "Solid & Chemical Material."** This category includes analyses for liquids covered by the SW-846 methods.
5. Write any parameter that is not listed at the end of the category
6. Calculating the fee for the exact same method requested in more than one matrix:
   a. the fee is charged only **ONCE**. For example, one fee is charged for Nitrate by EPA 300.0 in Drinking Water and in Non Potable Water..
   b. put an **"X"** or an **"*"** in the ***"Fee "X/*"*** column to indicate the matrix in which the fee will be charged.
7. Calculate the fee in the "Fee Calculation" at the end of each category.

Chemistry I – General Chemistry

√	Analyte	Non Potable Water		Drinking Water		Solid & Chemical Material		Air & Emissions	
		Method(s)	Fee X/*	Method(s)	Fee X/*	Method(s)	Fee X/*	Method(s)	Fee X/*
	Acidity								
	Alkalinity								
	Ammonia								
	Anionic Surfactants								
	Asbestos								
	Biochemical Oxygen Demand (BOD) & Carbonaceous BOD								
	Bromide								
	Calcium *See Note1*								
	Chemical Oxygen Demand (COD)								
	Chloride								
	Chlorine Dioxide								
	Chlorine, Free								
	Chlorine, Total Residual								
	Color								
	Cyanide, Total								
	Cyanide, Weak Acid Dissociable								
	Cyanide, Amenable to Chlorination								
	Dissolved Oxygen								
	Fluoride								

√	Analyte	Non Potable Water		Drinking Water		Solid & Chemical Material		Air & Emissions	
		Method(s)	Fee X/*	Method(s)	Fee X/*	Method(s)	Fee X/*	Method(s)	Fee X/*
	Hardness, Total *See Note 1*								
	Hexane Extractable Material								
	Magnesium *See Note 1*								
	Nitrate								
	Nitrate + Nitrite								
	Nitrite								
	Nitrogen, Total Kjeldahl								
	Oil & Grease								
	Orthophosphate								
	pH								
	Phenolics, Total								
	Phosphorus, Total								
	Potassium *See Note 1*								
	Salinity								
	Silica *See Note 1*								
	Sodium *See Note 1*								
	Solids, Total								
	Solids, Total Dissolved (TDS)								
	Solids, Total Suspended (TSS)								
	Solids, Total Volatile								
	Specific Conductance								
	Sulfate								
	Sulfide								
	Sulfite								
	Total Organic Carbon (TOC)								
	Total Organic Halides (TOX)								
	Total Petroleum Hydrocarbons								
	Turbidity								

TOTAL "Xs" Non Potable Water _____ **TOTAL "Xs" Drinking Water** _____ **TOTAL "Xs" Solid & Chemical Material** _____ **TOTAL "Xs" Air & Emissions** _____

Note 1: **If calcium, hardness, magnesium, potassium, silica, sodium, or other analytes are done by AA or ICP, request them in Chemistry II – Trace Metals.**

Chemistry I – Fee Calculation

Check the appropriate box for each requested matrix and calculate the fee

- **Non Potable Water**
  - ☐ If 17 or fewer parameters are requested, complete the following
    Number of parameters requested _____ X $65.00 Total $ _____
  - ☐ If 18 or more parameters are requested, the fee is $1,150.00 $ _____
- **Drinking Water**
  - ☐ If 5 or fewer parameters are requested, complete the following:
    Number of parameters requested _____ X $60.00 Total $ _____
  - ☐ If 6 or more parameters are requested, the fee is $305.00 $ _____
- **Solid & Chemical Materials**
  - ☐ If 17 or fewer parameters are requested, complete the following
    Number of parameters requested _____ X $65.00 Total $ _____
  - ☐ If 18 or more parameters are requested, the fee is $1,150.00. $ _____
- **Air and Emissions**
  - ☐ If 17 or fewer parameters are requested, complete the following
    Number of parameters requested _____ X $65.00 Total $ _____
  - ☐ If 18 or more parameters are requested, the fee is $1,150.00. $_____

Total Fee for Chemistry I – Add fees from above **$ _____**

Chemistry II – Trace Metals

√	Analyte	Non Potable Water		Drinking Water		Solid & Chemical Material		Air & Emissions	
		Method(s)	Fee X/*	Method(s)	Fee X/*	Method(s)	Fee X/*	Method(s)	Fee X/*
	Aluminum								
	Antimony								
	Arsenic								
	Barium								
	Beryllium								
	Cadmium								
	Calcium								
	Chromium								
	Cobalt								
	Copper								
	Iron								
	Lead								
	Magnesium								
	Manganese								
	Mercury								
	Molybdenum								
	Nickel								

√	Analyte	Non Potable Water		Drinking Water		Solid & Chemical Material		Air & Emissions	
		Method(s)	Fee X/*	Method(s)	Fee X/*	Method(s)	Fee X/*	Method(s)	Fee X/*
	Potassium								
	Selenium								
	Silica								
	Silver								
	Sodium								
	Strontium								
	Thallium								
	Thorium								
	Tin								
	Titanium								
	Vanadium								
	Zinc								

TOTAL "Xs" Non Potable _____ **TOTAL "Xs" Drinking Water** _____ **TOTAL "Xs" Solid & Chemical Material** _____ **TOTAL "Xs" Air & Emissions** _____

Chemistry II – Fee Calculation

Check the appropriate box for each requested matrix and calculate the fee

- **Non Potable Water**
  - ☐ If 15 or fewer parameters are requested, complete the following
    Number of parameters requested _____ X $65.00 Total $ _____
  - ☐ If 16 o more parameters are requested, the fee is $975.00 $ _____
- **Drinking Water**
  - ☐ If 12 or fewer parameters are requested, complete the following:
    Number of parameters requested _____ X $60.00 Total $ _____
  - ☐ If 13 or more parameters are requested, the fee is $720.00 $ _____
- **Solid & Chemical Materials**
  - ☐ If 15 or fewer parameters are requested, complete the following
    Number of parameters requested _____ X $65.00 Total $ _____
  - ☐ If 16 or more parameters are requested, the fee is $975.00. $ _____
- **Air and Emissions**
  - ☐ If 15 or fewer parameters are requested, complete the following
    Number of parameters requested _____ X $65.00 Total $ _____
  - ☐ If 16 or more parameters are requested, the fee is $975.00. $_____

Total Fee for Chemistry II – Add fees from above **$ _____**

Organics I – GC and HPLC

Note: The GC and HPLC Organics are divided into two groups. The methods for Drinking Water analysis are unique and are in a separate group.

Group 1: Non Potable Water, Solid & Chemical Materials, and Air & Emissions

The methods after the analytes are examples. Other methods can be requested.

*Reminder: SW-846 methods **may only** be requested in Solid & Chemical Material. This category includes analyses for liquids covered by the SW-846 methods.*

√	Analytes	Non Potable Water		Solid & Chemical Materials		Air & Emissions	
		Method(s)	Fee/*	Methods(s)	Fee/I	Method(s)	Fee/*
	Purgeable Halocarbons (*601; 8021)*						
	Purgeable Aromatics *(602; 8021)*						
	BTEX *(602;8021)*						
	Acrolein & Acrylonitrile (*603;8316)*						
	Phenols *(604; 8041)*						
	Benzidines *(605)*						
	Phthalate Esters *(606; 8061)*						
	Nitrosamines *(607; 8070)*						
	Organochlorine Pesticides *(608; 8081)*						
	PCBs *(608; 8082)*						
	Nitroaromatics & Isophorone *(609; 8091)*						
	Polycyclic Aromatic Hydrocarbons (PAHs) *(610;8310)*						
	Haloethers *(611;8111)*						
	Chlorinated Hydrocarbons *(612: 8121)*						
	Organophosphorus Pesticides *(614; 8141)*						
	Chlorinated Herbicides *(615; 8151)*						
	Triazine Pesticides *(619)*						
	Total Petroleum Hydrocarbons – NWTPH-Dx						
	Total Petroleum Hydrocarbons – NWTPH-Gx						
	Extractable Petroleum Hydrocarbons *(EPH)*						
	Volatile Petroleum Hydrocarbons *(VPH)*						
	EDP/DBCP *(8011)*						
	N-Methylcarbamates *(8318)*						
	Nitroaromatics & Nitramines *(8330)*						

Group 2: Drinking Water Only

Directions for this Section: **(1)** Method: check the "√" column to indicate which methods are requested
(2) Analyte: for methods with multiple analytes, check the box or boxes to the left of the analyte to indicate specific analytes
(3) Fee: check the Fee/* column for each method requested. The fee is charged for the method not the individual analytes.

√	Method	Analyte	Fee/*
____	EPA 502.2	☐ Regulated VOCs ☐ Unregulated VOCs ☐ Vinyl Chloride ☐ Volatile Organic Compounds ☐ Trihalomethanes	_____
____	EPA 504.1	EDB/DBCP/TCP	_____
____	EPA 505	☐ Organohalide Pesticides/PCBs ☐ Organohalide Pesticides ☐ PCBs	_____
____	EPA 506	Phthalate/Adipate Esters	_____
____	EPA 507	Nitrogen & Phosphorus Containing Pesticides	_____
____	EPA 508	☐ Chlorinated Pesticides/PCBs ☐ Chlorinated Pesticides ☐ PCBs ☐ Chlordane ☐ Toxaphene	_____
____	EPA 508A	PCB Screening	_____
____	EPA 508.1	Chlorinated Pesticides, Herbicides, and Organohalides	_____
____	EPA 515.1	Chlorinated Acid	_____
____	EPA 515.2	Chlorinated Acid	_____
____	EPA 515.3	Chlorinated Acid	_____
____	EPA 531.1	☐ Carbamates/Oximes ☐ N-Methylcarbamates	_____
____	EPA 547	Glyphosate	_____
____	EPA 549.1	Diquat & Paraquat	_____
____	EPA 549.2	Diquat & Paraquat	_____
____	EPA 551.1	☐ Chlorination Disinfection Byproducts ☐ EDB/DBCP/TCP ☐ Halogenated Pesticides & Herbicides ☐ Chlorinated Solvents ☐ Haloacetonitriles ☐ Trihalomethanes	_____

√	Method	Analyte	Fee/*
____	EPA 552.1	☐ Haloacetic Acids & Dalapon ☐ Haloacetic Acids ☐ Dalapon	_____
____	EPA 552.2	☐ Haloacetic Acids & Dalapon ☐ Haloacetic Acids ☐ Dalapon	_____
____	EPA 555	Chlorinated Acids	_____

Total the number of "Xs" from Fee/* columns.

TOTAL "Xs" Non Potable Water _____ **TOTAL "Xs" Drinking Water** _____ **TOTAL "Xs" Solid & Chemical Material** _____ **TOTAL "Xs" Air & Emissions** _____

Check the appropriate box for each requested matrix and calculate the fee

- **Non Potable Water**
  - ☐ If 8 or fewer parameters are requested, complete the following
    Number of parameters requested _____ X $115.00 Total $ _____
  - ☐ If 9 or more parameters are requested, the fee is $975.00 $_____
- **Drinking Water**
  - ☐ If 3 or fewer parameters are requested, complete the following:
    Number of parameters requested _____ X $155.00 Total $ _____
  - ☐ If 4 or more parameters are requested, the fee is $615.00 $ _____
- **Solid & Chemical Materials**
  - ☐ If 8 or fewer parameters are requested, complete the following
    Number of parameters requested _____ X $115.00 Total $ _____
  - ☐ If 9 or more parameters are requested, the fee is $975.00. $ _____
- **Air and Emissions**
  - ☐ If 8 or fewer parameters are requested, complete the following
    Number of parameters requested _____ X $115.00 Total $ _____
  - ☐ If 9 or more parameters are requested, the fee is $975.00. $_____

Total Fee for Organics I – Add fees from the matrices above **$ _____**

Organics II – GC-MS

Note: The GC-MS Organics are divided into three groups. Except for dioxin, the methods for drinking water analysis are unique and are in a separate table. If accreditation for the same dioxin method in Non Potable Water and Drinking Water is requested, enter the information in Group 2.

Group 1: Non Potable Water, Solid & Chemical Materials, and Air & Emissions

The methods after the analytes are examples. Other methods can be requested.

*Reminder: SW-846 methods **may only** be requested in Solid & Chemical Material. This category includes analyses for liquids covered by the SW-846 methods.*

√	Analytes	Non Potable Water		Solid & Chemical Materials		Air & Emissions	
		Method(s)	Fee/*	Methods(s)	Fee/*	Method(s)	Fee/*
	PCDD & PCDF by HRGC/LRMS *(8280)*						
	PCDD & PCDF by HRGC/HRMS *(8290)*						
	Purgeable (Volatile) Organics *(624/ 8260)*						
	BNA Extr (Semivolatile) Organics *(625; 8270)*						
	Diesel Range Organics						
	Gasoline Range Organics						
	Methamphetamine *(8270)*						

Group 2: Dioxin in Non Potable Water and Drinking Water

√	Analytes	Non Potable Water		Drinking Water	
		Method(s)	Fee/*	Methods(s)	Fee/*
	2,3,7,8- TCDD *(1613)*				

Group 3: Drinking Water Only

Directions for this Section: **(1)** Method: check the "√" column to indicate which methods are requested
(2) Analyte: for methods with multiple analytes, check the box or boxes to the left of the analyte to indicate specific analytes
(3) Fee: check the Fee/* column for each method requested. The fee is charged for the method not the individual analytes.

√	Method	Analytes	Fee/*
____	EPA 524.2	☐ Regulated VOCs ☐ Unregulated VOCs ☐ EDB/DBCP.TCP ☐ Trihalomethanes ☐ Purgeable Organics ☐ Vinyl Chloride	_____
____	EPA 525.2	☐ Semivolatile Organic Compounds ☐ Polycyclic Aromatic Hydrocarbons (PAHs) ☐ Chlorinated Pesticides ☐ Adipates/Phthalates ☐ Benzo-alpha-pyrene ☐ PCBs	_____
____	EPA 548.1	Endothall	_____

Total the number of "X" from the Fee/* columns above.

TOTAL "Xs" Non Potable Water _____	**TOTAL "Xs" Drinking Water** _____	**TOTAL "Xs" Solid & Chemical Material** _____	**TOTAL "Xs" Air & Emissions** _____

Check the appropriate box for each requested matrix and calculate the fee

- **Non Potable Water**
  - ☐ If 3 or fewer parameters are requested, complete the following
    Number of parameters requested _____ X $345.00 Total $ _____
  - ☐ If 4 or more parameters are requested, the fee is $1,035.00 $_____
- **Drinking Water**
  - ☐ If 1 or fewer parameters are requested, complete the following:
    Number of parameters requested ____ X $175.00 Total $ _____
  - ☐ If 2 or more parameters are requested, the fee is $175.00 $ _____
- **Solid & Chemical Materials**
  - ☐ If 3 or fewer parameters are requested, complete the following
    Number of parameters requested _____ X $345.00 Total $ _____
  - ☐ If 4 or more parameters are requested, the fee is $1,035.00. $ _____

- **Air and Emissions**

☐ If 3 or fewer parameters are requested, complete the following
Number of parameters requested _____ X $345.00 Total $ _____

☐ If 4 or more parameters are requested, the fee is $1,035.00. $_____

Total Fee for ALL Organics II – Add fees from the matrices above **$ _____**

Microbiology

All method references are Standard Methods 20th Edition unless noted otherwise.
Accreditation is **not currently** offered for analyte/method/matrix combinations where matrix column is shaded.

For this section only:
(1) For each requested method, place an "X" or write "Yes" in the appropriate column or columns for Non Potable Water, Drinking Water, or Solid & Chemical Material.
(2) In the "Fee" column, place an "X" to indicate the matrix in which to assess the fee. Each method description is considered one method for fee calculation.
(3) **Reminder**: If the same method is requested in more than one matrix, a fee is charged in **only one** matrix.

Coliform (Total and Fecal) and E.coli: Detection and Enumeration Methods

Analyte	Method Description(s)	Method Reference #	Non Potable Water	Drinking Water	Solid & Chemical Material	Fee		
						NP	DW	S
Total & Fecal Coliform Detection	MTF–LTB/BGB & EC Broth	SM 9221B1,2 and E1						
	SVF-PA Broth & EC Broth	SM 9221D1,2 and E1						
	MF–Endo/BGB and EC Broth	SM 9222B2,5 and 9221E1						
Total Coliform & E.coli Detection	MTF-LTB/BGB & EC Mug	SM 9221B1,2 and F						
	SVF-PA Broth & EC Mug	SM 9221D1,2 and F						
	MF-Endo/BGB & EC Mug	SM 9222B2,5 and 9221F						
	MF-Endo/BGB &NA Mug	SM 9222B2,5 and G1c1						
	MF-Endo/BGB & EC Mug	SM 9222B2,5 and G1c2						
	MF-MI Agar	EPA 1604						
	MF-mColiBlue	Hach mColiBlue						
	MF-Chromocult Agar	EM Science Chromocult						
	Enzyme Substrate-Colilert	SM 9223B						
	Enzyme Substrate-Colisure	SM 9223B						
	Enzyme Substrate-Ecolite	Hach Ecolite						
	Enzyme Substrate-Readycult	EM Science-Readycult						
Total & Fecal Coliform Enumeration	MTF serial dilution (LTB/BGB & EC Broth)	SM 9221B1,2, C and E1						
	MF–Endo/BGB and EC Broth	SM 9222B2,5,6 and 9221E1						

Analyte	Method Description(s)	Method Reference #	Non Potable Water	Drinking Water	Solid & Chemical Material	Fee		
						NP	DW	S
Total Coliform & E.coli Enumeration	MTF serial dilution (LTB/BGB & EC Mug)	SM 9221B1,2, C and F						
	MF-Endo/BGB & EC Mug	SM 9222B2,5,6 and 9221F						
	MF-Endo/BGB & NA Mug	SM 9222B2,5,6 and G1c1						
	MF-MI Agar	EPA 1604						
	MF-mColiBlue	Hach mColiBlue						
	MF-Chromocult Agar	EM Science Chromocult						
	Enzyme Substrate-Colilert	SM 9223B						
	Enzyme Substrate-Colisure	SM 9223B						
	Enzyme Substrate-Readycult	EM Science-Readycult						
Fecal Coliform ONLY Enumeration	MTF serial dilution A-1	SM 9221E2						
	MTF-serial dilution (LTB&EC)	SM 9221B1,2 and E1						
	MF-mFC	SM 9222D						
Total Coliform ONLY Enumeration	MTF-LTB/BGB/EMB/gram stain	EPA 9131						
	MF-Endo 2 step enrichment	EPA 9132						
	MF (Endo/CO&ONPG/multi test)	SM 9222B2,5,6						
Fecal Coliform & E.coli Enumeration	MF-mFC/NA Mug	SM 9222D & G1c1						
E.coli ONLY Enumeration	MF-mTEC/Urea	SM 9213D						
	MF-modified mTEC	EPA 821/R-97/004						

Other Methods

Analyte	Method Description(s)	Method Reference #	Non Potable Water	Drinking Water	Solid & Chemical Material	Fee		
						NP	DW	S
Fecal Strep/Enterococcus WW/sediments	MTF-Azide Dextrose/PSE/NaCl 6.5%	SM 9230B						
	MF-mE/EIA substrate	SM 9230C2ab,3,4,&5						
Fecal Strep/Enterococcus Recreational water	MF-mEnterococcus	SM 9230C2c,3,4,5,6						
	MF-mEI	EPA 1600						
	MF	Dufour 1980						
Enterococcus	Enterolert	Enterolert						
Heterotrophic Bacteria	HPC-Pour Plate	SM 9215B						
	HPC-Spread Plate	SM 9215C						
	HPC-MF	SM 9215D						
	SimPlate	Simplate						
Klebsiella	MF-mFCIC Agar	SM 9222F2a3						
	MF-mKleb Agar	SM 9222F2b3						
Pseudomonas Aeruginosa	MF mPA	SM 9213E						
	MTF-Asparagine Broth	SM 9213F						

Analyte	Method Description(s)	Method Reference #	Non Potable Water	Drinking Water	Solid & Chemical Material	Fee		
						NP	DW	S
Salmonella Detection	Concentrate/enrich/select/ID	SM 9260B1a,b,c,or d, 2,3,and 4						
	DFA	SM 9260C						
Salmonella Enumeration	MF/MPN	SM 9260B1d and D						
	MF/MPN	Kenner 1974						

TOTAL "Xs" **TOTAL "Xs"** **TOTAL "Xs"**
Non-Potable Water _____ **Drinking Water _____** **Solid & Chemical Material _____**

Microbiology Fee Calculation

Check the appropriate box for each requested matrix and calculate the fee.

- **Non Potable Water**
  - ☐ If 2 or fewer parameters are requested, complete the following
    Number of parameters requested _____ X $175.00 Total $ _____
  - ☐ If 3 or more parameters are requested, the fee is $520.00 $ _____
- **Drinking Water**
  - ☐ If 2 or fewer parameters are requested, complete the following:
    Number of parameters requested _____ X $155.00 Total $ _____
  - ☐ If 3 or more parameters are requested, the fee is $460.00 $ _____
- **Solid & Chemical Materials**
  - ☐ If 2 or fewer parameters are requested, the complete the following:
    Number of parameters requested _____ X $175.00 Total $ _____
  - ☐ If 3 or more parameters are requested, the fee is $520.00 $ _____

Total Fee for Microbiology II – Add fees from above **$ _____**

Radioactivity

√	Analyte	Non Potable Water		Drinking Water		Solid & Chemical Material	
		Method(s)	Fee X/*	Method(s)	Fee X/*	Method(s)	Fee X/*
	Gross Alpha						
	Gross Beta						
	Cesium 134						
	Cesium 137						
	Cobalt 60						
	Gamma						
	Iodine 131						
	Radium 226						

√	Analyte	Non Potable Water		Drinking Water		Solid & Chemical Material	
		Method(s)	Fee X/*	Method(s)	Fee X/*	Method(s)	Fee X/*
	Radium 228						
	Tritium						
	Strontium 89						
	Strontium 90						
	Uranium, Total						

TOTAL "Xs" Non Potable Water _____ **TOTAL "Xs" Drinking Water** _____ **TOTAL "Xs" Solid & Chemical Material** _____

Radioactivity – Fee Calculation

Check the appropriate box for each requested matrix and calculate the fee

- **Non Potable Water**
  - ☐ If 9 or fewer parameters are requested, complete the following
    Number of parameters requested _____ X $145.00 Total $ _____
  - ☐ If 10 or more parameters are requested, the fee is $1,380.00 $ _____
- **Drinking Water**
  - ☐ If 9 or fewer parameters are requested, complete the following
    Number of parameters ____ X $155.00 Total $ _____
    If 10 or more parameters are requested, the fee is $1,435.00 $ _____
- **Solid & Chemical Materials**
  - ☐ If 9 or fewer parameters are requested, complete the following
    Number of parameters requested _____ X $145.00 Total $ _____
  - ☐ If 10 or more parameters are requested, the fee is 1,380.00 $ _____

Total Fee for Radioactivity – Add fees from above **$ _____**

Bioassay/Toxicity in Non Potable Water

√	Determinations	Methods
	Acute Methods – EPA/600/4-90/027F	
	Water flea – *Daphnia pulex*	EPA/600/4-90/027F
	Water flea – *Daphnia magna*	EPA/600/4-90/027F
	Water flea – *Ceriodaphnia dubia*	EPA/600/4-90/027F
	Fathead minnow – *Pimephales promelas*	EPA/600/4-90/027F
	Rainbow trout – *Oncorhynchus mykiss*	EPA/600/4-90/027F

√	Determinations	Methods
	Brook trout – *Salvelinus fontinalis* .	EPA/600/4-90/027F
	Sheepshead minnow – *Cyprinondon variegates*	EPA/600/4-90/027F
	Inland silverside – *Menidia* spp.	EPA/600/4-90/027F
	Atlantic mysid – *Mysidopsis bahia*	EPA/600/4-90/027F
	Pacific mysid – *Holmesimysis costata*	EPA/600/4-90/027F

Chronic Freshwater Methods – EPA/600/4/91/002

	Fathead minnow – *Pimephales promelas*	EPA 1000.0
	Fathead minnow – *Pimephales promelas* Teratogenicity	EPA 1001.0
	Water flea – *Ceriodaphnia dubia*	EPA 1002.0
	Green alga – *Selenastrum capricornutum* .	EPA 1003.0

Chronic Saltwater Methods – EPA/600/4-91/003

	Sheepshead – *Cyprinodon variegatus*	EPA 1004.0
	Inland silverside – *Menidia beryllina*	EPA 1006.0
	Atlantic mysid – *Mysidopsis bahia*	EPA 1007.0
	Sea urchin fertilization – *Arbacia punctulata*	EPA 1008.0

West Coast Methods – EPA/600/R-95/136

	Pacific oyster – *Crassostrea gigas*	EPA 1005.0
	Mussels – *Mytilus* sp.	EPA 1005.0
	Top smelt – *Atherinops affinis*	EPA 1006.0
	Pacific mysid – *Holmesimysis costata*	EPA 1007.0
	Echinoderms – *Strongelocentrotus purpuratus*	EPA 1008.0
	Echinoderms – *Dendraster excentricus*	EPA 1008.0
	Giant kelp – *Macrocystis pyrifera*	EPA 1009.0

ASTM Methods

	Bioconcentration, Fishes & Saltwater Bivalve Mollusks	ASTM E 1022
	Marine/estuarine Amphipods – (list species)	ASTM E 1367
	Echinoderm Embryos – (list species)	ASTM E 1563
	Bioaccumulation of Sed. Contaminants by Benthic Invertebrates	ASTM E 1688
	Freshwater Invertebrate (Sediment) – (list species)	ASTM E 1706

PSEP Methods

	Ampelisca abdita	PSEP 1995
	Eohaustorius estuarius	PSEP 1995
	Rhepoxynius abronius	PSEP 1995
	Crassostrea gigas	PSEP 1995
	Mytilus sp.	PSEP 1995
	Dendraster excentricus	PSEP 1995
	Strongylocentrotus spp.	PSEP 1995
	Neanthes arenaceodentata	PSEP 1995
	Microtox™, Organic Sediment Extract	PSEP 1995
	Microtox™, Saline Sediment Extract	PSEP 1995

WDOE and Other Methods Not Listed

	Static Salmonid Dangerous Waste	WDOE 80-12 Part A

√	Determinations	Methods
	Rat Oral Acute Dangerous Waste	WDOE 80-12 Part B

_____ **TOTAL NUMBER OF BIOASSAY/TOXICITY DETERMINATIONS**

Bioassay/Toxicity – Fee Calculation

Check the appropriate box and calculate the fee

- **Non Potable Water**

☐ If 6 or fewer parameters are requested, complete the following
Number of parameters requested _____ X $230.00 Total $ _____

☐ If 7 or more 6 parameters are requested, the fee is $1,435.00 $ _____

Total Fee for Bioassay/Toxicity – Write the fee from above **$ _____**

Immunoassay

√	Analyte	Non Potable Water		Solid & Chemical Material	
		Method(s)	Fee X/*	Method(s)	Fee X/*
	Pentachlorophenol				
	2,4-Dichlorophenoxyacetic Acid				
	PCBs				
	Petroleum Hydrocarbons				
	PAHs				
	Toxaphene				
	Chlorodane				
	DDT				
	TNT Explosives				
	RDX				

√	Analyte	Non Potable Water		Solid & Chemical Material	
		Method(s)	Fee X/*	Method(s)	Fee X/*

TOTAL "Xs"
Non Potable Water _____

TOTAL "Xs"
Solid & Chemical Materials _____

Immunoassay – Fee Calculation

Check the appropriate box for each requested matrix and calculate the fee

- **Non Potable Water**
  - ☐ If 6 or fewer parameters are requested, complete the following
    Number of parameters requested _____ X $65.00 Total $ _____
  - ☐ If 7 or more parameters are requested, the fee is $390.00 $ _____
- **Solid & Chemical Materials**
  - ☐ If 6 or fewer parameters are requested, complete the following
    Number of parameters requested _____ X $65.00 Total $ _____
  - ☐ If 7 or more parameters are requested, the fee is $390.00 $_____

Total Fee for Immunoassay – Add the matrix fees from above **$ _____**

Physical – Non Potable Water and Solid & Chemical Material

√	Analyte	Non Potable Water		Solid & Chemical Material	
		Method(s)	Fee X/*	Method(s)	Fee X/*
	Ignitability, Pensky-Martin				
	Ignitability, Setaflash				
	Ignitability, Solids				
	Corrosivity				
	Corrosion				

TOTAL "Xs" Non Potable Water	_____	**TOTAL "Xs" Solid & Chemical Materials**	_____

Physical – Fee Calculation

Check the appropriate box for each requested matrix and calculate the fee

• **Non Potable Water**	☐	If 3 or fewer parameters are requested, complete the following Number of parameters requested	_____	X	$65.00	Total $ _____
	☐	If 4 or more parameters are requested, the fee is $260.00				$ _____
• **Solid & Chemical Materials**	☐	If 3 or fewer parameters are requested, complete the following Number of parameters requested	_____	X	$65.00	Total $ _____
	☐	If 4 or more parameters are requested, the fee is $260.00				$ _____

Total Fee for Physical – Add the matrix fees from above	**$ _____**

SECTION 6 – Fee Calculation

Check the appropriate box or boxes below and calculate the fee.

☐ **Direct Accreditation**

(1) Enter the amounts from the Total Fee Summaries in Section 5

Drinking Water Parameter Requests
Laboratories applying for direct accreditation for drinking water parameters must complete this section for the fees for the drinking water parameters and pay the Drinking Water application fee in the section directly below. **Reminder**: if a parameter is requested in Non Potable Water and Drinking Water, the fee is assessed **only once.**

Category	**Total Category Fees**
Chemistry I	$ _____
Chemistry II	$ _____
Organics I	$ _____
Organics II	$ _____
Radioactivity	$ _____
Microbiology	$ _____
Bioassay/Toxicity	$ _____
Immunoassay	$ _____
Physical	$ _____

(2) Add the amounts. Enter the total in the space at the right — FEE FOR CATEGORIES **$**_____

☐ **Drinking Water Application Fee**

(1) If the lab is applying for accreditation of **any** drinking water parameters, the lab must pay an application fee of $115.00. This fee applies to **ALL** requests for direct accreditation and recognition of any third party accreditation or certification.

(2) Enter $115.00 in the space at the right. — DRINKING WATER APPLICATION FEE **$**_____

☐ **Recognition of Third Party or NELAP Accreditation**

Check the applicable space

_____ **Laboratory located in Washington State** applying for recognition of a third party accreditation or a NELAP accreditation. Enter $345.00 in the space at the right. A fee must be paid for **each** third party accreditation. — RECOGNITION FEE FOR LABORATORIES IN WASHINGTON STATE **$**_____

_____ **Laboratory not located in Washington State** applying only for recognition of a third party accreditation or a reciprocity agreement. Enter $345.00 or the amount specified in the reciprocity agreement in the space at the right. A fee must be paid for **each** third party accreditation. *Note: Some reciprocity agreements specify an amount other than $345.00; contact the Lab Accreditation Section for the amount.* — RECOGNITION FEE FOR LABORATORIES LOCATED OUTSIDE WASINGTON STATE **$**_____

_____ **Laboratory not located in Washington State** applying for recognition of **NELAP** accreditation must pay the fees as in "Direction Accreditation." Complete the Category Fee calculations in Section 5 and complete the above "Direct Accreditation" fee calculation. A fee must be paid for **each** third party accreditation.

TOTAL FEE
Add the amounts in the spaces on the right **$**_____

SECTION 7 – Personnel and Equipment Data

Part A – Personnel Data

Complete a copy of the following or a comparable substitute completed for managers, supervisors, and other key personnel. Use additional sheets if necessary.

Name _____ **Present Position** _____

Supervisory Position _____ _____ **Date Hired** _____
(yes) (no)

Major Duties (be specific in terms of duties in analysis of parameters for which accreditation is requested).

_____

_____

_____

_____

Formal Education

Name of Academic Institution	Dates Attended From	To	Major	Minor	Degree/Date
_____	_____		_____	_____	_____
_____	_____		_____	_____	_____
_____	_____		_____	_____	_____

Special Courses. Indicate any short courses, professional training sessions, etc., which prepared the employee for the major duties described above.

Name of Course	Presented By	Dates Attended From	To
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Experience. Previous analytical lab employers, most recent first. Add Additional pages if necessary.

Employer _____ Position _____

Location _____ Dates Employed _____

Major Duties _____

Employer _____ Position _____

Location _____ Dates Employed _____

Major Duties _____

Continued on next page

Part A – Personnel Data - *Continued*

Fill in the following sheet (or a substitute) for all technical personnel in the lab. Use additional sheets if necessary.

Type Position	Name	Technical specialty	Date Hired	Summary of education/Experience (e.g., BS Chem 78, 12 yrs anal lab)
Lab Manager				
QA Coordinator				
Supervisors				
Professional/ Technical Staff				

Part B – Equipment Data

Indicate major items of analytical equipment present in the lab and used in the methods for which accreditation is requested. Use additional sheets if necessary to add items. Equipment inventories providing essentially the same information may be substituted for the list below.

CHEMISTRY

Type of Equipment	Manufacturer	Model No.	Qty.
Atomic Absorption Spectrophotometer			
Direct Aspiration			
Furnace			
Inductively Coupled Plasma Atomic Emission Spectrometer (ICP-AES)			
ICP-Mass Spectrometer (ICP-MS)			
Gas Chromatographs - identify GC associated with each detector			
Flame Ionization Detector			
Electron Capture Detector			
Photoionization Detector			
Hall Detector			
Halide Specific Detector			
Nitrogen/Phosphorus Detector			
Flame Photometric Detector			
Other Detector (specify)			
GC/Mass Spectrometer			
Spectrophotometer			
UV-Visible			
IR			
Fourier Transform IR			
pH meter			
Turbidimeter			
Flame Photometer			
Proportional Counter			
Scintillation Counter			

Part B – Equipment Data. *Continued*

Type of Equipment	Manufacturer	Model No.	Qty.
High Performance Liquid Chromatograph (HPLC) with:			
Ultraviolet detector			
Fluorescence detector			
Other detector (specify)			
Mercury Analyzer			
Ion Chromatograph			
Spectrofluorometer			
X-Ray Diffraction Unit			
Microscope			
General Purpose			
Polarized Light			
Phase Contrast			
Scanning Electron			
Transmission Electron			
Other (specify)			
Analytical Balance			
Conductivity Meter			
Dissolved Oxygen Meter			

MICROBIOLOGY

Type of Equipment	Manufacturer	Model No.	Qty.
Incubators			
Air			
Water Bath			
Heat Block			
Sterilizers			
Autoclave			
Hot Air Oven			
Refrigerator			

Part B – Equipment Data. *Continued*

Type of Equipment	Manufacturer	Model No.	Qty.
Media Prep			
Analytical Balance			
Reference Weights			
pH meter			
Dispensing machine			
Thermometers			
NIST			
Mercury			
Alcohol			
Lab Pure Water System			
Still			
Deionizer			
Reverse Osmosis			
Carbon Adsorption			
Filtration/Ultra filtration			
UV			
Conductivity Meter			
Dishwasher			
Colony Counter			
Sampling/Testing Containers			
Membrane Filtration			
Manifold			
Funnels			
Filters			
Microscope			
UV Lamp for Enzyme Substrate Testing			

SECTION 8 – Third Party Accreditation or Reciprocity

Laboratories applying for recognition of accreditation by a third party or an existing reciprocity agreement **must**:

- complete Sections 1, 3, 5, 6, 7, and Section 8.
- submit copies of:
  (1) the third party's **accreditation/license/certificate;**
  (2) the third party's **scope of accreditation;**
  (3) the third party's most recent **on-site assessment report;**
  (4) the lab's **corrective action report** relative to the on-site assessment; and
  (5) the most recent evaluation reports of **PT sample analysis results** for the applicable parameters.

Submit the completed application and the appropriate fee (refer to Section 6) to the Department of Ecology Cashiering Section. See Section 4 on page 2 for the address.

Name and Address of Accrediting Agency _____

_____

_____

_____

Point of Contact at Accrediting Agency _____

(_____) _____
(telephone)

Effective Date of Accreditation _____ **Expiration Date of Accreditation** _____

Agreement of Applicant to Furnish Evidence of Continuing Accreditation by Third Party

I agree to furnish evidence of continuing accreditation/licensure/certification by the third party identified above for the entire period of accreditation by Department of Ecology, and I understand that failure to do so could result in revocation of Department of Ecology accreditation for the parameters/methods so recognized. If the third party accreditation is scheduled to expire before Ecology's accreditation expires, I will provide evidence that the third party accreditation is renewed.

_____ _____
Signature of applicant or designated representative Position

_____
Date

NOTE: After review by the Laboratory Accreditation Section, the applicant will be notified if the third party accreditation will be recognized in the State of Washington for all parameters/methods requested in the application. If there are parameters/methods not covered by the third party accreditation, the applicant will be advised and may submit an additional application for those parameters/methods.